

PUBLIC SERVICE COMMISSION OF WISCONSIN

This form must be filled out and returned to the registration table.
Individuals who wish to testify will be called in the order in which the forms are returned.

PLEASE PRINT CLEARLY

Docket Number and Title 6650-CG-194		Hearing Date	
Wisconsin Gas Company Lateral Line Project			
Name		Title	
Representing Self <input type="checkbox"/> Employer <input type="checkbox"/> Organization <input type="checkbox"/> Employer / Organization Name:			
Street, Rural Route Number or P.O. Box Number [Please provide your official United States Postal Service mailing address.]			
City		State	Zip Code
Telephone Number		Fax Number (optional)	Internet Address (optional)
Appearing: [Please check one.] Undecided <input type="checkbox"/> In Support <input type="checkbox"/> In Opposition <input type="checkbox"/>			
<p>Do you wish to give oral testimony at this hearing?</p> <p><input type="checkbox"/> Yes, I wish to give oral testimony</p> <p><input type="checkbox"/> No, but I wish to submit written testimony</p> <p><input type="checkbox"/> No, I do not wish to testify</p> <p>If you do not wish to give oral testimony you may submit written testimony at the hearing. Written testimony is limited to five pages. Space has been provided on the following page; up to 5 pages may be attached. Please provide your name at the top of each page.</p> <p>You should remain at the hearing until the parties have read your written testimony. If any party objects to your written testimony, or if any party has clarifying questions regarding your written testimony, you may be asked to provide oral testimony. If you choose not to give that oral testimony, your written testimony may be excluded from the record.</p> <p>You will be notified as soon as possible whether any party has clarifying questions regarding your written testimony.</p>			

Signature of Witness (for written testimony):

I affirm that my attached written testimony is true and accurate.

(signature)

(date)

